

Kansas Department of Corrections
Application For Visiting Privileges

Facility and Address:

El Dorado Correctional Facility
PO Box 311
El Dorado, KS 67042

Inmate to be Visited:

Full Name and Inmate Number

Date: _____

Unit Team/Cell House

Please read carefully. All questions must be answered. Omissions or falsification could result in permanent denial of visiting privileges. The application should be returned separate from any other correspondence to the address shown above.

1. Name:(Mr./Mrs./Miss) _____
2. Other Name Used: _____
3. Relationship To Inmate (Father, Wife, Friend, etc.) _____
4. Current Contact Information:

_____	_____	_____	_____
Street	City	State	Zip

Phone Number(s)			

5. Driver's License: State _____ Number _____

6. Date of Birth*: _____ Social Security # _____
*NOTE: A certified copy of a birth certificate is required for each visitor under eighteen (18) years of age.

7. Are you approved to visit another inmate? No _____ Yes _____

If yes: _____

Full Name	Inmate Number	Facility
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8. Have you ever been convicted of a criminal offense? No _____ Yes _____
If Yes, fill in the following:

Offense	Approximate Date	Disposition
_____	_____	_____
_____	_____	_____

9. Are you on probation or parole? No _____ Yes _____

If Yes, what county and state? _____

10. Have you ever been, or are you currently, an employee of the Kansas Department of Corrections, an employee of any contractor to the Kansas Department of Corrections, or a volunteer within the Kansas Department of Corrections? No____ Yes____

If yes, please provide the details of that past or present employment:

11. Were you a victim of the person you wish to visit or were any of your immediate family members under the age of 18 a victim of the person you wish to visit? No____ Yes____ (If YES, you must initiate this request through the Department' Victim Services.) Victim Services can be reached by writing to:

Office of Victim Services
Kansas Department of Corrections
900 SW Jackson 4-N
Topeka, KS 66612

or by calling, 1-888-317-8204.

WARNING

K.S.A. 21-3826 provides that: (a) Traffic in contraband in a correctional institution is introducing or attempting to introduce into or upon the grounds of any correctional institution or taking, sending, attempting to take, or attempting to send from any correctional institution or any unauthorized possession while in any correctional institution or distributing within any correctional institution any item without the consent of the administrator of the correctional institution. (b) For the purposes of this section, "correctional institution" means any state correctional institution or facility, conservation camp, state security hospital, juvenile correctional facility, community correction center or facility for detention or confinement, juvenile detention facility or jail. (c) Traffic in contraband in a correctional institution of firearms, ammunition, explosives or a controlled substance defined in K.S.A. 65-4101(e), and amendments thereto, is a severity level 5, non-person felony. (d) Traffic in all other forms of contraband in a correctional facility is a severity level 6, non-person felony.

Effective March 17, 2003, all department facilities, offices, and grounds shall be tobacco-free, at which time all tobacco products shall be declared contraband in accordance with KSA 21-3826 (Traffic in Contraband in a Correctional Institution). On and after this date, the use or possession of all tobacco products by any person is prohibited on department property. The only exception shall be for visitors to secure tobacco and tobacco-based products in their personal motor vehicles in the facility parking lot, unless they are intended for distribution within a facility. Violations of this policy may result in termination of visits, suspension of visiting privileges, and/or possible prosecution.)

Any visitor's possession of a cell phone on the grounds of a correctional facility except within the confines of his or her vehicle] is prohibited. Violation may result in termination of visits, suspension of visiting privileges, and/or possible prosecution.

Signature:_____ Date:_____

Return this completed form by mail to: **El Dorado Correctional Facility, PO Box 311, El Dorado, KS 67042** or by faxing to **316-322-2011** attention visitation clerk.